U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	٦
E 000 8	

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 /

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name LARRY M BODNER	Name OPERATING ENGINEERS - LOCAL 18
	Labor Organization File Number 039040
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5900 IVYSTONE CT	Street 3515 PROSPECT AVE
City DUBLIN	City CLEVELAND
State 0 H 10 ZIP Code + 4 4 3 0 1 6	State 0 H10 ZIP Code + 4 44/15
5. Position in labor organization. $BUSINESS$ $REPR$	ESENTATIVE
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	RECEIVED MOTHING
Trade Name, if any:	OF VALUE FROM
BO Day Did. D. M. M.	ANY EMPLOYER
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ring documents), has been examined by the signatory and is, to the best of the
Signed Harry Scelmen	On 8-8-05 614 766-6394  Date Telephone Number
Form LM-30 (2003)	
\ <i>\</i>	Page 1 of 2

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).  Name	9. Business deals with:
P.O. Box, Bldg., Room No., if any	a. Labor Organization  b. Trust
Street City 710 Code 14	c. Employer
State ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name OPERATING ENGINEERS PROBENTICESHIP FUND Trade Name, if any:  P.O. Box, Bldg., Room No., if any	IUOE TRAINING AND SAFETY CONFERENCE
Street //84 OUBLIN ROAD	11.b. Approximate dollar value of such dealing.
City COLUMBUS	12.a. Nature of interest held or income received.
State 0 /- 10 ZIP Code + 4 4 3 2 15	SEC ATTACHMENT
	12.b. Amount. # 1915.84
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	a. Labor Organization  b. Trust  c. Employer			
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name OPERATING CNGINECRS APPRENTICESMO FUND Trade Name, if any:	NORMAL CHRISTMAS	GRATUITY		
P.O. Box, Bldg., Room No., if any				
Street 1184 DUBLIN ROAD	11.b. Approximate dollar value of such dealing.			
City COLUMBUS	12.a. Nature of interest held or income received.			
State 01410 ZIP Code + 4 43215	RECEIVED \$ 75° 6147 CERTIC	ICATE		
	12.b. Amount.	8 75,00		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		de noveles de l'inches		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City		Habban Ada paper		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

File Number U-

Name of Person Filing



OHIO OPERATING ENGINEERS APPRENTICESHIP FUND

PO BOX 12009 • 1180 DUBLIN ROAD • COLUMBUS OH 43212-0009

BANK ONE OF COLUMBUS, N.A. COLUMBUS OH 43271 25-3/440

DATE

AMOUNT

17084

2/18/2004

\$3,000.00

PAY

Three Thousand Dollars And 00 Cents

TO THE ORDER OF

LARRY BODNER

OHIO OPERATING ENGINEERS APPRENTICESHIP FUND

FISCAL ADMINISTRATOR

NON NEGOTIABLE

AR-COCCLE (INCHUSWA) ARE) LOCAL-1408

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK • HOLD AT AN ANGLE TO VIEW.

THE PAGE OF THIS DOCUMENT HAS A COLUMBAGACIAR CONTRACTOR CONTRACTO

 DETACH THIS STATEMENT BEFORE DEPOSITING CHECK
THE ATTACHED CHECK IS FOR PAYMENT OF ITEMS LISTED
IF NOT CORRECT PLEASE RETURN THIS CHECK AND STATEMENT. NO RECEIPT REQUIRE

Vendor ID Invoice Number Vendor Name Invoice Date

Invoice Amount

TEMP00000008780 2/17/04 2/17/2004

\$3,000.00

\$3,000.00

**Total Check Amount** 

## OHIO OPERATING ENGINEERS

APPRENTICESHIP FUND

1184 Dublin Road Columbus, Ohio 43215

> Tel. (614) 487-6531 Fax (614) 487-6537

February 17, 2004

Ms. Christine Rentz Health & Welfare Fringe Benefit Office 1180 Dublin Rd. Columbus, Ohio 43215

#### Christine:

On April 17-22, 2004 several individuals will be attending the Training and Safety & Health Conference to be held in San Diego. I will need advance money of \$3000.00 each for the following individuals:

Donald R. Black 5001-7 Fred Woods	5001-1
Don Frantz 5001-2 Larry Wilson	5041-1
Dan Ott 5061-2 Mike Cooper	5061-3
Mark Fletcher 5061-4 Tom Zumbro	5001-3
Maurice Davis 5061-4 Chuck LaFaso	5001-7
Steve Mayor 5061-7 Floyd Jeffries	5041-7
Larry Bodner, 5001-7	

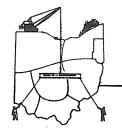
If you have any questions please feel free to contact me. Please return the checks to me in Central Office.

Sincerely,

Dorald R Black cm

Donald R. Black

Administrative Manager











## CASH FLOW OF THE DEPOSITS OF ALL MISCELLANEOUS CHECKS

DEPOSIT TO:		DATE:	7/22/04	
OHIO OPERATING ENGINEERS HEALTH & WELFARE PLAN ACCT #9801012801	CR MISC INCOME		CR OTHER	
OHIO OPERATING ENGINEERS PENSION FUND ACCT #9801014100	CR MISC INCOME		CR OTHER	No.
OHIO OPERATING ENGINEERS APPRENTICESHIP FUND ACCT #981532578	CR MISC INCOME	X	CR OTHER	
OHIO OPERATING ENGINEERS EDUCATION & SAFETY FUND ACCT #981533052	CR MISC INCOME		CR OTHER	
DEPOSIT TO: OTHER VARIOUS ACCOUNTS VARIOUS ACCT #	CR MISC INCOME		CR OTHER	
DESCRIPTION OF ACCOUNT BEING CREDITED: #A-5061-7	#9600 - Expense Rei	mburseme	ent	

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A CONTROL OF THE PROPERTY OF T	and the second of the company of the contract of the company of th
LARRY M. BODNER	TO SECURE AND A CONTRACTOR OF THE SECURE OF
5900 IVYSTONE COURT 614-229-4666	0 / - 0 L/ 25-2/440
DUBLIN. OH 43016	0127
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Olarke Photkan	payant of a state of this first of the state

### TRUSTEE EXPENSE VOUCHER

(Name of Trust Fund(s))
THIS VOUCHER IS FOR:
EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT SAN DIEgo, CA ON 4-18 THRU 4-22 (Location) (Date(s))
EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT SAN DIEGO HICTON (Location)
ON 4-19 THIN 4-22 SPONSORED BY IUGE TRAINING AND SAFETY AND HEALTH CONFERENCE
(Session Date(s)) (Meeting Sponsor)
OTHER:
(Describe Reason for Incurring Expenses)
TRANSPORTATION:
DATE OF DEPARTURE DATE OF RETURN
☐ PRIVATE AUTOMOBILE MILES AT © PER MILE
-
RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL)
HOTEL OR MOTEL: 88463
(1) HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL)
MEETING REGISTRATION FEE: *    MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)   CK # 2996   \$25000
MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) C.N.
DAILY EXPENSES:
DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER)
TOTAL EXPENSES
SETTLEMENT (191784)
TOTAL EXPENSES WHICH I INCURRED
LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY)
EQUALS    REELIND WHICH LOWE TO TRUST FUND MY CHECK IS ATTACHED
REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED \$ 100 /
OR
AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$
I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.
DATED THIS
(/ / / Grandide of Hustee)
NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example; if the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meels should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.
SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

Hilton San Diego Resort

1775 East Mission Bay Drive • San Diego, CA 92109 Phone (619) 276-4010 • Fax (619) 275-8944 Reservations

www.sandiegoresort.hilton.com or 1 800 HILTONS

\_\_\_\_\_

BODNER, LARRY

Unknown Name

Room Arrival Date 577/Q2 04/18/04 1:21PM

Departure Date 04/22/04

Adult/Child Room Rate 2/0 189.00

RATE PLAN

C-TRP

HH#

AL: UA #00360278514

BONUS AL:

CAR:

Confirmation Number: 3183800686

Name & Address

04/22/04

PAGE

1

DATE	DESCRIPTION	I ID	REF. NO	CHARGES	ODEDITO	DALANOT
	DESCRIPTION TERROLOGICAL FOR A CONTROL OF THE PROPERTY OF THE	LINTO	400070	CHARGES	CREDITS	BALANCE
04/18/04	OF F PARKING	ETTT	TOOLIO	\$450.03		
04/18/04	SELF PARKING	CDED	486704	\$10.00	-	
04/18/04	GUEST ROOM	CDED	486705	1)	HI	· ·
04/18/04	CITY OCCUPANCY TAX	CDED	486705	1 7 (1	P I	
04/18/04	CTMA ASSESMENT	CDED	486705	1 7 1		
04/19/04	HIGH SPEED INTERNET	LINTR	480880	\$19.90	Hotel	835.74
04/19/04-	+DAYOUR TERRACE OR LE	MLAN	487064	\$55.00	•	
04/19/04	*BAYOUR TERRAGE ORILLE	LINTR	487165	\$20.74	Parking	40.00
04/19/04	*BAYSIDE TERRACE GRILLE	LINTR	487267	\$42.50		Į
04/19/04	SELF PARKING	CDED	487770	\$10.00	Refresh	8.51
04/19/04	GUEST ROOM	CDED	487771	\$189.00	H2	
04/19/04	CITY OCCUPANCY TAX	CDED	487771	1	110	
04/19/04	CTMA ASSESMENT	CDED	487771 488232	\$0.091		884.65
04/20/04	*REFRESHMENT CENTER	LINTR	- 4-2,55	\$8.89	_	
04/20/04	SELF PARKING	EDED	488885			
04/20/04	GUEST ROOM	COED	488886		13	
04/20/04	CITY OCCUPANCY TAX	CDED	488886	[	, · J	•
04/20/04	CTMA ASSESMENT	CDED	488886 48898	\$0.09		
04/20/04	*BAYSIDE TERRACE GRILLE		<del>48838จู</del> <del>489122</del>	\$9.95	<b>18</b>	
04/21/04	HIGH SPEED INTERNET	LINTR	489758	\$5.55 fr 40		
04/21/04	GIFT SHOP	KFRO		#3.13 #40.00	/	
04/21/04	SELF PARKING	CDED	490101	\$10.00	,	
04/21/04	GUEST ROOM	CDED	490102	\$189.00	HH	
04/21/04	CITY OCCUPANCY TAX	CDED	490102	\$19.85		, ,
04/21/04	CTMA ASSESMENT	CDED	490102	\$0.09		H 1165
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	WILL BE SETTLED TO VS ****	*******1067				\$1,212.14
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						*1
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## Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out<sup>®</sup> there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - + pay at the time of purchase.
  - + charge purchases to your account, then stop by the Front Desk for an updated statement.
  - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

LATE CHECK-OUT FEE INFORMATION:

Check Out between 12:00 noon and 3:00 pm will result in a \$75.00 fee Check Out between 3:00 pm and 6:00 pm will result in a \$125.00 fee Late check out is based upon availability.

DATE OF CHARGE	FOLIO NO./CHECK NO. 84280 A			
AUTHORIZATION	INITIAL			
PURCHASES & SERVICES				
TAXES				
TIPS & MISC.				
TOTAL AMOUNT				









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Mileage Plus

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### My itineraries

If you have questions regarding airport check-in times, security procedures or baggage restrictions see our Transfer Frequently asked questions.

Columbus (CMH) to San Diego (SAN)

Sunday, Apr 18

	Vendor	Dates	Information	Prices
4	United Airlines 1123 Equipment: 733	Apr 18 6:30 am depart CMH Apr 18 7:00 am arrive ORD	stops: Non- stop  Seats: 14A  14B  235,  Combat  Combat  co Calensar	Class: Coach
	United Airlines 451Equipment: 320	Apr 18 8:00 am depart ORD Apr 18 10:15 am arrive SAN	stops: Non- stop Seats: n/a page December de to Calencai	Class: Coach
San	Diego (SAN) to Columbus (CMH)		Thu	rsday, Apr 22
	United Airlines 446 Equipment: 320	Apr 22 12:05 pm depart SAN Apr 22 5:58 pm arrive ORD	stops: Non- stop Seats: n/a	Class: Coach
<b>-</b>			stops: Non-	
7	United Airlines 588Equipment: 319	Apr 22 9:05 pm depart ORD Apr 22 11:15 pm arrive CMH	Seats: 14F 14E	Class: Coach
	319		Seats: 14F 14E	

FREE Set or Snowboard Delivery When You Book Round-Trip with Sports Express

Penalty / Deposit: NONREF/CHANGE100PLUSFAREDIF/ / CXL BY FLT DATE OR NOVALUE

TIEXPRESS.

Door to Door, On Time, Guaranteed,™

Total Airfare (including taxes) USD 458.80

Privacy

Terms and conditions

+5 2004 United Air Lines, Inc.

BTAR ALLIANDE

Special Terms and Conditions ©1995-2004 GetThere L.P. All rights reserved.





#### IUOE TRAINING AND SAFETY & HEALTH CONFERENCE

Hilton San Diego Resort, San Diego, CA April 19 – 22, 2004

#### REGISTRATION FORM

ONE FORM PER PARTICIPANT - Duplicate form as needed PLEASE PRINT CLEARLY

Name (as it will appear on bad	gc)		
	LARRY BODNE	R	*
Title			
AMALANA	BUSINESS AG	ENT / TRUSTEE	
Sponse's Name			
Olivanto a rigazioni	SUSAN BODNE	Ŕ	
Local Union Number or			🗷 нар
Company Name	LOCAL 18		Stationary
Mailing Address			
LITAMINE ATTENDED	1188 DUBLIN	ROAD	
City/State/Zip	7777		
On Journal of the Control of the Con	COLUMBUS, O	HTO 43215	
M. Market Control of the Control of			
. 20 4 11		- 19 Processing of the second	
FEE SCHE	OULE	Monday, April 19th	
		BANQUET	
	<u>After April 9th</u> Registration - \$300	X Yes, I will attend	
Child(ren)/Additional Adult(	s) attending banquet-	Yes, my spouse will atte	end
\$75 each paid in		Bunquet tickets for delegate and	l spouse are included
י אר איר אייראי איי	A OT BATE	in the registration fee, however,	
ALL FEES ARE I IN U.S. FU	•	tickets for children and adults a MUST be paid for in advance.	re \$13 each. Alcheis
CHILDREN'S PARTY	: Children ages 12	Q Yes, I wish to purchase	additional
and under are invited to atter	nd the children's party	banquet ticket(s). I underst	
at no additional cost to atte		must be paid in advance.	
the Children's Party form)			

## Please make check(s) payable to the IUOE

Mail this form with check(s) to:

International Union of Operating Engineers
Attention: Steve Brown
1125 17th Street, NW
Washington, DC 20036

1) # 2996

LARGE CHARLES TO THE CONTROL OF THE

Local 18 . Karry Bodner % T ALAMO RENT A CAR

PO BOX 22776, FT. LAUDERDALE, FL. 33335

RESERVATIONS: 800-327-9633

CUSTOMER RELATIONS: 800-445-5664

SAN JO - RETURN RECEIPT

RA#/CAR#: 110-639878-4/4

(CC)

RENTED: 18APR04 10:44
RETURNED: 22APR04 08:59
LENGTH: 3 DAYS 23 HOURS

MLG OUT/IN: 5,658/5,860 GAS: 5 3

CUSTOMER: LAWRENCE BODNER

TIME 130.00 T
FUEL CHG 32.43 T
C.D.W. 36.00
PTDISFEE 3.50 T
TAXES 12.86 \*
TOT CHR 214.79
CR. CARD 214.79-

CR. CARD: TOTAL BILLED TO VISA

.00

THANK YOU FOR USING ALAMO.

SERVED BY: 59091

BALANCE

FORT COLUMBUS INTERNATIONAL AIRFORT PORT COLUMBUS PARKING COLUMBUS ON

Ropt# 14501 L# 3 A# 27 Txrit 14851 04/22/04 23:41 04/18/04 05:04 In 04/22/04 23:41 Out Tkt# 000430 30.00 \$ 30.00 \$ 30.00-40.00 ŝ Caen Tender 10.00 \$ THANK YOU FOR PARKING WITH US BUCKLE UP FOR SAFETY

The second secon

# SUNSET PARKING RECEIPT

Machine # : Sunset 6th Ave 1

Transaction: 47319001

Stall #: 3

Date : APR.20.04

Time : 06:56 PM

Paid: \$15.00

Expires:

APR.21.04

03:56 AM

PLEASE PLACE RECEIPT FACE UP ON DASH

RENTAL AGREEMENT NO. 110-43987B-4

SEKP619 181JC52FX 47282633

RENTAL DATE-TIME-ALAMO OFFICE-MILEAGE 1849804 10:44

SEV DISGO

AT E)30 PER GALLOM (NO REFUND FOR UNUSED FUEL). 

RETURN DATE-TIME-ALAMO OFFICE MILEAGE 22APR04 09:00 SAN DIESG

Alamo

\*\* PART 1 OF 2 \*\* LAWRENCE BODNER
DUBLIN OH 43016-4007 UNITED STATES SUSAN BODNER

THOOSE OFFICIAL FUEL PURCHASE AT START OF RENTAL, AT 2/30 FER GALLON (NO REFUND FOR UNUSED FOR USED FOR CONTAINS 14.1 GALLONS.

### ACCEPT CPTIONAL COLLISION DAMAGE WAIVER AT 9.00 FET ACCUMENTATIONAL COLLISION DAMAGE WAIVER AT 9.00 FET ACCUMENTATIONAL COLUMN YOUR OFFERED ME NAY DUPLICATE COVERAGE UNDER MY OWN PERSONAL MOTOR VEHICLE INSURANCE, CINITIAL)

THE CREDIT CARD PAYMENT HAS BEEN PROCESSED ON YOUR VISA SHOWN SELON. -----\*\* ALL CURRENCIES SHOWN ARE IN U.S. DOLLARS

\* APPLICABLE TAXES ARE 7.75% ON ALL CHARGES MARKED 'T'.
'PIDISFEE' 18 THE \$3.50 PER RENTAL FEE IMPOSED BY THE BAN ICED UNIFIED PORT DISTRICT.

CURRENT RATES: NO MORE THAN 45.00 A DAY.

IF I VIOLATE THE RENTAL AGREEMENT BY FAILING TO RETURN THE CAR BY **22APRO4 07:00.** I UNDERSTAND THAT I WILL BE ASSESSED AN OVERSTAY FEE OF \$10.77 FER DAY IN ADDITION TO MY OTHER CHARGES AND UNDERSTAND THAT THE RENTAL CAR MAY BE REPORTED AS STOLEN TO THE POLICE AND I WILL BE SUBJECT TO ARREST AND CRIMINAL PROSECUTION.

YOU MAY WISH TO DETERMINE WHETHER YOUR OWN INSURANCE COVERS YOU FOR DAMAGE OR LOSS TO THE RENTAL CAR. THE EXTENT OF SUCH COVERAGE. AND THE AMOUNT OF THE DEDUCTIBLE. THE PROVISIONS OF THIS AGREEMENT WILL BE LIMITED TO THE EXTENT REQUIRED BY STATE LAW.

CALIFORNIA LAW REQUIRES ALL DRIVERS TO MEET STATE FINANCIAL RESPONSIBILITY PEOLIFEMENTS. ALAMO DOES NOT PROVIDE YOU ANY LIABILITY INSURANCE WITH THIS SENTAL. YOUR OWN MOTOR VEHICLS LIABILITY INSUFANCE MAY OR MAY NOT PROVIDE YOU COVERAGE: ALAMO PERSONNEL CANNOT ADVISE YOU ON WHETHER IT DOES CADDESN'T. THIS NOTICE AMENDS AND PLACEBEDES ALL CONFLICTING TERMS ON THE AVERSE SIDE OF THIS RENTAL AGREEMENT.

FORM NO. 200US (02/03

4.4.6.6.00.1. 6.4.6.6.00.1. 6.4.6.6.00.1. 1.1.6.6.1. TIME FUEL CHE C.D.W. C.D.W. PIGIEFE TAXES CHR. CASS CR. CASS BALANCE ,00

PRECALCULATION